

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Sw</i>	922	12/19/00
RESPONSE FORMALITY REVIEW			03/27/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/03
2	✓	✓	7/1/03
3	✓	✓	7/1/03
4	✓	✓	7/1/03
5	✓	✓	7/1/03
6	✓	✓	7/1/03
7	✓	✓	7/1/03
8	✓	✓	7/1/03
9	✓	✓	7/1/03
10	✓	✓	7/1/03
11	✓	✓	7/1/03
12	✓	✓	7/1/03
13	✓	✓	7/1/03
14	✓	✓	7/1/03
15	✓	✓	7/1/03
16	✓	✓	7/1/03
17	✓	✓	7/1/03
18	✓	✓	7/1/03
19	✓	✓	7/1/03
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25	✓	✓	7/1/03
26	✓	✓	7/1/03
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If more than 150 claims or 10 actions  
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Best Available Copy